

Administrative Consolidation of Identified Child Development Services
 Challenges for Change Stakeholder Input Group #1

Pros	Cons	Implications
<ul style="list-style-type: none"> Families and community providers and partners would know who to call; calls for different services would all wind up in the same place One point of contact and coordination 		
Has potential to reduce administrative burden if reporting requirements are streamlined Removal of silo funding mechanism could precipitate innovative changes in service delivery Redundancy of services would be less likely	Critical need for systematic professional development for 0-6 staff	2 Administrative consolidation is not necessarily linked to improvements, or even changes, in child development services. If there is sub-contracting, and no co-location, fragmentation may continue
Combining funding for services with shared goals makes sense	2 Consolidating grants may make funding more vulnerable to budget cuts	
	2 Cost shift (from state to communities); not cost savings	
	2 Grants passed thru one organization to a sub-contract require oversight and therefore admin funds	
	Not all districts are created equal, i.e., one method of grant consolidation may not work for all districts and organizations	
	By "consolidating" BBF Direct Services into CIS, folks are concerned that more of the already limited money dedicated to "treatment" will be taken and put toward "prevention" or "C&E"	
	<ul style="list-style-type: none"> Daunting task without adequate IT system in place Need data system in place to evaluate impact on outcomes 	
	Consolidation would likely mean that the match Family Centers are currently giving to leverage and thereby enhance their child care staff would be thrown into a general pot	
Co-location of services is a logical response based on fiscal efficiency	<ul style="list-style-type: none"> Service delivery under one roof within communities not possible without subdivision of larger dense populations; subsequent need for adding catchment areas It is difficult to combine programs unless they are co-located 	
	Administrative consolidation in densely populated areas without technical assistance for thoughtful systems change may result in reduced services for families	
	CIS work should be completed first, before looking to this consolidation	

From: Ann Dillenbeck [mailto:ann.dillenbeck@neklsvt.org]

Sent: Monday, October 11, 2010 10:35 PM

To: Smith, Laurie

Cc: Murphy, Reeva

Subject: Pros/cons from Stakeholder Group 1

Importance: High

Hi Laurie and Reeva,

Here is a summary of the feedback I received about the pros, cons, and implications of admin consolidation of identified child development services. If more than one person made the same point, I put a "2" in the box (no more than 2 people made the same point). If two points were related, I kept them in the same cell and used bullets to distinguish.

It seemed to me in reading the responses that people had a wide range of interpretation of what "administrative consolidation" meant: is it equated with co-location, a single telephone number, freedom from funding silos? One person specified that administrative consolidation meant "overall fiscal, supervision, reporting and accountability by a single administrator."

One respondent attempted to list the services that are delivered through CIS, BBF-DS, LT, and PCCs - that list follows:

Prenatal services (CIS-NFS)

Nursing services for post partum mothers and newborns (CIS-NFS)

Parent training (CIS-all, PCC, LT)

Life skill education (CIS/NFS/ECMH, PCC, LT)

Service coordination for IDEA Part C federal regulations (CIS-EI)

Case management (CIS, PCC, LT)

Physical, occupational, speech/language, developmental therapies (0-3 only) (CIS-EI)

Behavioral health services for parents with young children (CIS-NFS/ECMH, PCC, LT)

Behavioral health services for children (0-6) (CIS/NFS/ECMH/PCC)

Nutritional services (CIS/NFS/EI)

Community based playgroups (CIS-ECMH/NFS, PCC, BBF)

Resource and referrals (CIS-EI/NFS/ECMH, PCC, BBF, LT)

Home visits (CIS, PCC, LT?)

Academic education (LT)

Job readiness (LT)

Parent training for teens (CIS/NFS, PCC, LT)

Support groups (PCC, LT)

Respite care (PCC)

Transportation (CIS/NFS, LT?)

Transitional living (LT?)

Father's program (PCC)

Pregnancy prevention (CIS/NFS, LT)

Hope this is helpful.

Go well,

Ann Dillenbeck

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